

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		2				
5		0				
6		0				
7		0				
8	1					
9		1				
10		2				
11		0				
12		0				
13		0				
14		0				
15		0				
16			/			
17				1		
18				1		
19				1		
20				1		
21				1		
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48						
49						
50						
TOTAL IND.	2		4			
TOTAL DEP.	15		11			
TOTAL CLAIMS	17		15			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS